



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
239 Causeway Street  
Boston, MA 02114  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400034

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CAPE COD NATIONAL GOLF CLUB, LLC

DOING BUSINESS AS CAPE COD NATIONAL GOLF CLUB

ADDRESS 174 SOUTH ORLEANS RD

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: WALKER,  
MICHAEL S.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

3 STORY CLUBHOUSE, MIDDLE FLOOR CONSISTING OF MENS AND WOMEN'S LOCKER ROOMS, SHOWERS, RESTROOMS, LOBBY, DINING ROOM, KITCHEN, SERVICE BAR AND 4 EXITS. BOTTOM FLOOR CONSISTS OF GOLF PRO SHOP, OFFICE SPACE, STORAGE, 4 RESTROOMS AND 3 EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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\_\_\_\_\_

DATE:

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400037

CITY OR TOWN **BREWSTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **FISHACK CORPORATION**

DOING BUSINESS AS **J.T'S SEAFOOD RESTAURANT**

ADDRESS **2689 MAIN ST**

CITY/TOWN: **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **NOYES, GEORGE** TYPE OF LICENSE: **Restaurant**

CATEGORY: **All Alcohol**

**S.**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

DESCRIPTION OF LICENSED PREMISES:

**ONE DINING ROOM, RESTROOMS AT REAR OF LOBBY, ONE ENTRANCE AND EXIT AT FRONT OF LOBBY; ONE AT REAR, EXIT AT REAR OF DINING ROOM ONE EXIT IN KITCHEN; STORAGE AREA IN BASEMENT, DECK AT REAR OF BLDG**

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400053

CITY OR TOWN **BREWSTER**

APPLICATION FOR RENEWAL:

**Seasonal**

LICENSED FOR **2015**

CLASS

YEAR

LICENSEE NAME: **BREAKWATER LOBSTER & FISH MARKET, INC.**

DOING BUSINESS AS **BREAKWATER FISH & LOBSTER**

ADDRESS **235 UNDERPASS ROAS**

CITY/TOWN: **BREWSTER**

STATE: **MA**

ZIP CODE: **02631**

MANAGER: **COLLIAS, CURTIS** TYPE OF LICENSE: **Restaurant**

CATEGORY: **Wine and  
Malt Regular**

EMAIL ADDRESS:

**YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.**

**DESCRIPTION OF LICENSED PREMISES:**

**1025 SQ. FT. FISH MARKET SERVING AREA IS ON PICNIC TABLES THAT WILL BE SURROUNDED BY A 4' FENCE W /GARE.BEER & WINE WILL BE PURCHASED AT A SERVICE WINDOW LOCATED INSIDE FENCED IN AREA. NO ALCOHOL WILL BE SERVED INSIDE THE MARKET. THERE IS ONE MAIN ENTRANCE/ EXIT FOR THE PUBLIC. THERE IS A LOADING DOCK ENT/EXIT FOR EMPLOYEES AND DELIVERIES.**

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:



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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 013400055

CITY OR TOWN BREWSTER

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2015

CLASS

YEAR

LICENSEE NAME: CAPE COD FRESH, LLC

DOING BUSINESS AS CAPE COD FRESH

ADDRESS 2671 MAIN STREET

CITY/TOWN: BREWSTER

STATE: MA

ZIP CODE: 02631

MANAGER: JAMIEL JR.,  
JOSEPH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

YOUR EMAIL ADDRESS IS REQUIRED. PLEASE PRINT CLEARLY.

**DESCRIPTION OF LICENSED PREMISES:**

THREE STORY TOWER ATTACHED TO ONE STORY ROOM ( BOTH AREAS ARE FOR DINING) ONE AND ONE-HALF STORY KITCHEN WITH OFFICE, TWO HANDICAPPED BATHROOMS, ENCLOSED GARDEN, THREE ENTRANCES/EXITS.

I hereby certify and swear under penalties of perjury that:

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Individual, Partner or Authorized Corporate Officer

DATE:

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DATE: